



Client No. 2036		Client Name D. H. Materials				Location 1002 Oswego, ST. LUTICA, N.Y.				Date 5/10/87															
Facility Equipment	Detox Clock 1/1	Weapon No. -	Holster -	Nightstick -	Raincoat 1/1	Flashlight 1/1	Other 3 Keys + Log Book																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth Kalif		Officer—Swing Shift (Name) Or Del Vecchio		Officer—Grave Shift (Name) R Dealing															
Shift		Began 8:00 AM		Ended 4:00 PM		Shift		Began 4:00 PM		Ended 12:00 AM															
Observations or actions taken		Yes	No	Explanation		Yes		No	Explanation		Yes		No	Explanation											
Rounds or stations missed			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
Unlocked vaults or safes			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
Fire-smoke or hazards			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
2. Sprinkler system defective			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
4. Rubbish accumulation			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
5. Motors running			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		AS required		<input checked="" type="checkbox"/>		AS required													
Injury hazards			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>															
Visitors Q Jernigan OHM on site 0820-0745 left						<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>															
Trespassing site at 0920-						<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>															
Violation of company rules			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>															
Remarks Joe Rotola may be in sometime this week																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Michael M. Miller - off		Signatures		1.		Kenneth Kalif		Swing Shift		1.		Or Del Vecchio		Grave Shift		1.		R Dealing							
12:45A		Signatures		2.				2.						2.											
		Signatures		3.				3.						3.											

439152



Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



CENTRON SECURITY SERVICES, INC.

Date of Report 5/10/87

time of Report 0300

Client: O. H. Materials

Address: 1002 DSWEG ST UTICA, NY

Location of Incident BOSSERTS

-Incident LIGHTS

Date occurred 5/10/87

Time occurred 0300 AM

PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

The middle light went out at 0300
It did not come back on. Need to have
lights fixed.

Signed-

Robert Deaking

Rank

officer

Page 1 of 1